Rec'd SI/PTO 11 JUL 2009 7 20/521476

Practitioner's Docket No. 05-110 **PATENT**

COMBIN	ED DECLARATION	AND POWER	OF ATTORNEY			
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION, OR C-I-P)						
As a below named inventor, I hereby declare that:						
	TYPE OF D	ECLARATION				
(check one) My residence, post office a original, first and sole inve	INVENTORSHIP address and citizenship are as entor (if only one name is list	tage of PCT. on. on-in-part (C-I-P) IDENTIFICATIO s stated below, next to ed below) or an origin	ON o my name. I believe that I am the nal, first and joint inventor (if plural a patent is sought on the invention			
	TITLE OF	INVENTION				
SECURE REMOVABLE GRIPPING DEVICE						
SPECIFICATION IDENTIFICATION						
the specification of which:						
(a) ☐ is attached hereto.						
(b) 🗵 was filed on and was amended on	January 20, 2005	, as Serial No (if applicable).	10/521,476			
	claimed in PCT International nd as amended under PCT A		CT/FR2003/002247, filed (if applicable).			

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56, and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and

in compliance with this duty, there is attached an information disclosure statement, in accordance with 37 C.F.R. § 1.98.

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, §§ 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed. Such applications have been filed as follows:

PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)

COUNTRY (OR		DATE OF FILING	PRIORITY CLAIMED
INDICATE IF PCT)	APPLICATION NO.	(day, month, year)	UNDER 35 USC 119
FRANCE	02/09386	24 July 2002	YES
		-	YES/NO
			YES/NO
			YES/NO
			YES/NO

POWER OF ATTORNEY

I hereby appoint the practitioners practicing at the following Customer Number to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

34704

SEND CORRESPONDENCE TO:

The above Customer Number.

DIRECT TELEPHONE CALLS TO:

Barry L. Kelmachter (203) 777-6628 - ext. 112

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

, N	SIGNATURE(S)
Full name of sole or first inventor: (signature)	2 20	Full name of second joint inventor, if any: (signature)
Name: LORTHIOIR, Christophe		Name: MONTEELARD, Michel
Date: January 3, 2005		Date: January 3, 2005
Country of Citizenship: FRANCE		Country of Citizenship: RANCE
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73410 ALBERG (FRANCE) F	% .	74960 CRAN GEVRIER (Rouge)
Post Office Address: (SAME AS ABOVE)		Post Office Address: (SAME AS ABOVE)
Full name of third joint inventor, if any:		Full name of fourth joint inventor, if any:
(signature)		(signature)
Name:		Name:
Date:		Date:
Country of Citizenship:		Country of Citizenship:
Residence Address:		Residence Address:
Post Office Address: (SAME AS ABOVE)		Post Office Address: (SAME AS ABOVE)